SENDER: COMPLETE THIS SECTION	COMPLETS THE SECTION ON DESIMERY
<ul> <li>Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the ma or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	B. Received by Addressee  B. Received by Addressee  B. Received by Addresse Addressee  D. Is delivery address different from item 1?   Yes
Sgt. Buchmann Houston County Jail 901 E Main Street	If YES, enter delivery address below: ☐ No
Dothan, AL 36301	3. Service Type  Cadified Mall
OY0133	
Article Number     (Transfer from service label)	7007 2680 0003 1841 6667
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540